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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 1399

SERIAL NUMBER 09/883,546	FILING DATE 06/18/2001 RULE	CLASS 705	GROUP ART UNIT 2163	ATTORNEY DOCKET NO. 28049/37454	
APPLICANTS Paul Donato, New York, NY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/14/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 90	INDEPENDENT CLAIMS 6
ADDRESS 04743					
TITLE Prompting of audience member identification					
FILING FEE RECEIVED 2340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1399

SERIAL NUMBER 09/883,546	FILING DATE 06/18/2001 RULE	CLASS 705	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 28049/37454	
APPLICANTS Paul Donato, New York, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/14/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 90	INDEPENDENT CLAIMS 6
ADDRESS 27160					
TITLE Prompting of audience member identification					
FILING FEE RECEIVED 2340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		